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THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor : Anne Hover et al.

Appln. No. : 09/921,252

Filed : August 2, 2001

Title : BONE FRACTURE SUPPORT IMPLANT
WITH NON-METAL SPACERS

Docket No. : A227.12-0057

Group Art Unit: 3731

Examiner:

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

I CERTIFY THAT THIS PAPER IS BEING SENT BY U.S. MAIL,
FIRST CLASS, TO THE ASSISTANT COMMISSIONER FOR
PATENTS, WASHINGTON, D.C. 20231, THIS 19th DAY OF

October

2001

PATENT ATTORNEY

Sir:

Attached is a copy of the Official Filing Receipt received from the Patent and Trademark Office in the above-identified application for which issuance of a corrected filing receipt is respectfully requested.

There is an error in that the following data is incorrectly entered:

The Attorney Docket No. is incorrect

The filing receipt should read as follows:

The Attorney Docket No. should be A227.12-0057

The correction is due to an error by Applicant and therefore a \$25.00 fee under
37 C.F.R. 1.19 is enclosed.

Repln. Ref: 01/23/2002 SFELEKE1 0013391200
DAW:110982 Name/Number:09921252
FC: 704 \$25.00 CR

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The Commissioner is authorized to charge any fee deficiency required by this paper or credit any overpayment to Deposit Account No. 11-0982. A duplicate copy of this communication is enclosed.

Respectfully submitted,

KINNEY & LANGE, P.A.

By: _____


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JAN 17 2002

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/921,252	08/30/2001	3731	880	A227.12-0055	5	25	4

00164
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R E C E I V E D

SEP 04 2001

KINNEY & LANGE, P.A.

CONFIRMATION NO. 9889

FILING RECEIPT



OC000000006497683

Date Mailed: 08/30/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Roy Sanders, Tampa, FL;
Donald Martin Sturgeon, Wilmington, DE;

Assignment For Published Patent Application

DePuy Orthopaedics, Inc., Warsaw, IN;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CON OF 09/289,324 04/09/1999

Foreign Applications

If Required, Foreign Filing License Granted 08/28/2001

Projected Publication Date: 12/06/2001

Non-Publication Request: No

Early Publication Request: No

Title

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dm5

Bone fracture support implant with non-metal spacers

Preliminary Class

606

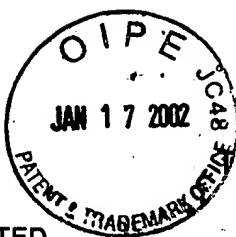
Data entry by : INSIXIENG MAY, LYANA

Team : OIPE

Date: 08/30/2001

[REDACTED]

8/30/01



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Bib Data Sheet

CONFIRMATION NO. 9889

SERIAL NUMBER 09/921,252	FILING DATE 08/02/2001 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. A227.12-0057
APPLICANTS Anne Hover, Playa Del Rey, CA; Roy Sanders, Tampa, FL; Donald Martin Sturgeon, Wilmington, DE;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/289,324 04/09/1999 PAT 6,296,645				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/28/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 25
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS 00164				
TITLE Bone fracture support implant with non-metal spacers				
FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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